

A-28014/1/2023-ESTT-IX / 249

भारत सरकार / Government of India

केन्द्रीय जल आयोग / Central Water Commission

स्थापना- IX अनुभाग / Estt-IX Section

तृतीय तल ,सेवा भवन / 3<sup>rd</sup> Floor, Sewa Bhawan,

आर के पुरम, नई दिल्ली / R.K.Puram, New Delhi - 110066.

दिनांक /Date : 28-2-2024

**CIRCULAR**

**Subject : APAR generation for the Assessment year 2023-24- regarding**

All officers working in CWC(HQ) whose reporting/reviewing officer is CE(HRM), are requested to submit duly filled proforma (enclosed) to the undersigned for generating APAR for the Assessment year 2023-24 as CE(HRM) is going to retire w.e.f 29-2-2024.

Encl : As above.



(गोमती जयारमन /Gomathy Jayaraman)

अवर सचिव / Under Secretary &

Nodal Officer (Sparrow)

**Details to be provided by the Officers to PAR Custodian/PAR Manager in Admn-II Section for PAR generation for the year 2022-23 (along with the relevant documents such as transfer/posting, retirement etc. order, if any)**

Name of Officer \_\_\_\_\_ Date of Birth

Designation \_\_\_\_\_ Service \_\_\_\_\_

Employee Code  Basic Pay

Date of Joining the Designation

Reporting Authority	Reviewing Authority
Name _____	Name _____
Period from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Period from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Designation _____	Designation _____
Service _____	Service _____
Employee Code <input type="text"/>	Employee Code <input type="text"/>
(Mention staff No. if ITS/IRRS/IP&TAFS Officer)	(Mention Staff No. if ITS/IRRS/IP&TAFS Officer)
e-mail <input type="text"/>	e-mail <input type="text"/>

Leaves (EL/CCL/COML/Study Leave/ Training) taken during the year 2022-23

Type of Leave/Training details:

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Days

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Days

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Days

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Days

**Self-Certification:** - Certified that the information provided above is true and correct to the best of my knowledge.

Mobile No:

Signature with date \_\_\_\_\_

e-mail:

**For OFFICE (Concerned Admn Section) Use only – For CSSS Admn.II**

The Information provided by the officer/official is verified as per available records.

Signature of the verifying authority \_\_\_\_\_

\*Please submit details for each part of reporting in separate form (Normal Period is 01.04.2022 to 31.03.2023)

\*Forms received without verification from Concerned Admn Section will not be accepted.